

1273

Form **1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return**2017**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

ANTHONY

Last name

WARNER

Your social security number

066-64-1064

If a joint return, spouse's first name and initial

MIA

Last name

PAGE-WARNER

Spouse's social security number

073-66-6743

Home address (number and street). If you have a P.O. box, see instructions.

155-34 116TH AVE

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Jamaica, NY 11434

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse**Filing Status**

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- b ☒ Spouse
- c Dependents:
- | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
- d Total number of exemptions claimed
- Boxes checked on 6a and 6b: 2
- No. of children on 6c who:
- lived with you
 - did not live with you due to divorce or separation (see instructions)
- Dependents on 6c not entered above
- Add numbers on lines above ▶ 2

If more than four dependents, see instructions and check here ▶ ☐**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 80,497.
- 8a Taxable interest. Attach Schedule B if required 8a
- b Tax-exempt interest. Do not include on line 8a 8b
- 9a Ordinary dividends. Attach Schedule B if required 9a
- b Qualified dividends 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes 10
- 11 Alimony received 11
- 12 Business income or (loss). Attach Schedule C or E 12
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 14
- 15a IRA distributions 15a b Taxable amount 15b
- 16a Pensions and annuities 16a b Taxable amount 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 19.
- 18 Farm income or (loss). Attach Schedule F 18
- 19 Unemployment compensation 19
- 20a Social security benefits 20a b Taxable amount 20b
- 21 Other income. List type and amount 21
- 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 80,516.

Adjusted Gross Income

- 23 Educator expenses 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
- 25 Health savings account deduction. Attach Form 8889 25
- 26 Moving expenses. Attach Form 3903 26
- 27 Deductible part of self-employment tax. Attach Schedule SE 27
- 28 Self-employed SEP, SIMPLE, and qualified plans 28
- 29 Self-employed health insurance deduction 29
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid b Recipient's SSN ▶ 31a
- 32 IRA deduction 32
- 33 Student loan interest deduction 33 2,500.
- 34 Reserved for future use 34
- 35 Domestic production activities deduction. Attach Form 8903 35
- 36 Add lines 23 through 35 36 2,500.
- 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 78,016.

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SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

ANTHONY WARNER & MIA PAGE-WARNER

066-64-1064

Part I **Income or Loss From Rental Real Estate and Royalties Note.** If you are in the business of renting personal property, use

Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
- B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A 6		A	0	
B		B		
C		C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	19.		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	19.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b	19.		
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		19.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		19.	

Form 1040 (2017) ANTHONY WARNER & MIA PAGE-WARNER

066-64-1064 Page 2

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	78,016.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	If: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
41	Subtract line 40 from line 38	41	65,316.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	57,216.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	7,651.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	7,651.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	2,342.
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	2,342.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,309.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> (Instructions; enter code(s))	62	
63	Add lines 56 through 62. This is your total tax	63	5,309.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	9,181.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	1,000.
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8885 c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	10,181.

Refund

Direct deposit? ☒ See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,872.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,872.
b	Routing number XXXXXXXXXXXX	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **Liberty Tax Service** Phone no. **(718) 880-1346** Personal Identification number (PIN) **13137**

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>[Signature]</i>	1/27/2018	CITY CUSTODIAN	(347) 497-1965
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>	1/27/2018	PARAPROFESSIONAL	358830

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Andrey Zahariev	<i>[Signature]</i>	1/27/2018		P00458066
Firm's name	Firm's EIN	Phone no.		
Liberty Tax Service	27-1528492	(718) 880-1346		
Firm's address				
70-34 Austin St				
Forest Hills, NY 11375				

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SCHEDULE 1
(Form 1040)**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2018Attachment
Sequence No. **01**Department of the Treasury
Internal Revenue Service

Attach to Form 1040.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

ANTHONY and MIA PAGE-WARNER

Your social security number

066-64-1064

Additional Income	1-9b	Reserved	1-9b	
10		Taxable refunds, credits, or offsets of state and local income taxes	10	
11		Alimony received	11	
12		Business income or (loss). Attach Schedule C or C-EZ	12	
13		Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14		Other gains or (losses). Attach Form 4797	14	
15a		Reserved	15b	
16a		Reserved	16b	
17		Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18		Farm income or (loss). Attach Schedule F	18	
19		Unemployment compensation	19	
20a		Reserved	20b	
21		Other income. List type and amount	21	
22		Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and on Form 1040, line 6. Otherwise, go to line 23	22	
Adjustments to Income	23	Educator expenses	23	
24		Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25		Health savings account deduction. Attach Form 8889	25	
26		Moving expenses for members of the armed forces. Attach Form 3903	26	
27		Deductible part of self-employment tax. Attach Schedule C	27	
28		Self-employed SEP, SIMPLE, and qualified plans	28	
29		Self-employed health insurance deduction	29	
30		Penalty on early withdrawal of savings	30	
31a		Alimony paid b Recipient's SSN	31a	
32		IRA deduction	32	
33		Student loan interest deduction	33	376
34		Reserved	34	
35		Reserved	35	
36		Add lines 23 through 35	36	376

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

VSA

DO NOT MAIL

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SCHEDULE 3
(Form 1040)**Nonrefundable Credits**

OMB No. 1545-0074

2018Attachment
Sequence No. **03**Department of the Treasury
Internal Revenue ServiceAttach to Form 1040.
Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

ANTHONY and MIA PAGE-WARNER

066-64-1064

Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48	
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	2093
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credit from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> None	54	
	55	Add the amount in the far right column. Enter here and include on Form 1040, line 12	55	2093

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2018

VSA

Do Not Mail

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SCHEDULE 6
(Form 1040)Department of the Treasury
Internal Revenue Service**Foreign Address and Third Party Designee**Attach to Form 1040.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

ANTHONY and MIA PAGE-WARNER

Your social security number

066-64-1064

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's

Phone

Personal identification number

name ANDREY ZAHARIEV

no.

(718) 880-1346

(PIN)

1 3 1 3 7

For Paperwork Reduction Act Notice, see your tax return instructions.
VSA

Schedule 6 (Form 1040) 2018

Do Not Mail